

APPENDIX B

STATEMENT OF WORK

EXHIBITS

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CONTRACT DISCREPANCY REPORT

TO:

FROM:

DATES: **Prepared:** _____
 Returned by Contractor: _____
 Action Completed: _____

DISCREPANCY PROBLEMS: _____

Signature of County Representative

Date

CONTRACTOR RESPONSE (Cause and Corrective Action): _____

Signature of Contractor Representative

Date

COUNTY EVALUATION OF CONTRACTOR RESPONSE: _____

Signature of Contractor Representative

Date

COUNTY ACTIONS: _____

CONTRACTOR NOTIFIED OF ACTION:

County Representative's Signature and Date

Contractor Representative's Signature and Date

APPENDIX B, EXHIBIT 2
DISEASE PREVENTION AND HEALTH PROMOTION (DPHP)
PERFORMANCE REQUIREMENTS SUMMARY (PRS) CHART

The Performance Requirements Summary (PRS) Chart is a listing of the minimum required services/tasks and performance outcomes that will be monitored during the Contract term. The PRS chart also lists examples of the types of documents that will be used during monitoring, as well as the standards of performance, the acceptable quality level (AQL) of performance required of Contractor, and remedies for non-compliance that are available if Contractor fails to perform at the AQL.

All listings of required services or standards used in this Performance Requirements Summary Chart are intended to be completely consistent with the terms and conditions of the Contract and the Statement of Work (Exhibit A to the Contract) and are not meant in any case to create, extend, revise, or expand any obligation of the DPHP Contractor beyond that defined in the terms and conditions of this Contract and Statement of Work. In any case of apparent inconsistency between required services or Standards as stated in the terms and condition of the Contract, the Statement of Work, and this Performance Requirements Summary (PRS) Chart, the terms and conditions of the Contract and the Statement of Work (SOW) shall prevail.

Performance Outcomes	Standards	Acceptable Quality Level	Data Source	Remedies for Non-Compliance
<p>Improve the health and well-being of Clients through the provision of Services to address at least one (1) of the five (5) following program areas:</p> <p>1) Chronic Disease Self-Management 2) Fall Prevention 3) Medication Management 4) Physical Fitness 5) Mental Health</p>	<p>Establish positive behavioral and/or lifestyle changes for Clients who completed the Evidence-based Program.</p>	<p>Subject to determination based on Respective Program Model</p>	<p>Quarterly and Annual Reports Submitted by Contractor</p>	<p>If Contractor performance does not meet the Acceptable Quality Level, the County will have the option to apply the following remedies:</p> <p>1) Corrective Action Plan; 2) Suspension of Payment; 3) Suspension of Contract; 4) Reduce and reallocate funds; and 5) Termination of Contract.</p>
Program specific outcome measures shall be developed in accordance with the intent of the Respective Program Model (see Appendix C (Sample Contract) Exhibit P (Definitions))				

Specific Tasks	Standards	Acceptable Quality Level	Data Source	Remedies for Non-Compliance
Ref.: Appendix A (Statement of Work) Sub-paragraph 10.2.4.4	Provide DPHP Prgram Services to 100% of referred eligible Clients, as program capacity allows.	100%	Quarterly and Annual Reports Submitted by Contractor	If Contractor performance does not meet the Acceptable Quality Level, the County will have the option to apply the following remedies: 1) Corrective Action Plan; 2) Suspension of Payment; 3) Suspension of Contract; 4) Reduce and reallocate funds; and 5) Termination of Contract.
Ref.: Appendix A (Statement of Work) Sub-paragraphs 10.3.1, 10.3.2, and Appendix D (Required Forms), Exhibit 24 (Proposed Program Services for Disease Prevention and Health Promotion Program Services)	Provide DPHP Program Services in all five (5) Supervisorial Districts of Los Angeles County, excluding the City of Los Angeles, as indicated in the Mandated Program Services.	100%	Quarterly and Annual Reports Submitted by Contractor	
Ref.: Appendix A (Statement of Work) Sub-paragraph 10.1.5 and Appendix D (Required Froms), Exhibit 24 (Proposed Program Servives for Disease Prevention and Health Promotion Program Services)	Provide the number of annual Health Promotion and Disease Prevention Unit of Services as proposed in the Mandated Program Services.	90%	MIS	
Work (Appendix C (Sample Contract) Sub-paragraph 3.5)	Contract shall expend all Contract Grant Funds in the provision of Services.	100%	MIS	
Specific Work Requirements	Standards	Acceptable Quality Level	Data Source	Remedies for Non-Compliance
Information Technology Systems and Data Security (Appendix C (Sample Contract) Paragraph 9.23) and compliance with all County requirements.	Follow established record procedures by tracking, documenting, and reporting actual services rendered while meeting deadlines. Provide documentation, quarterly reports, and final year-end reports in a timely manner, in line with the established timeframe.	100%	MIS and Reports Submitted by Contractor	If Contractor performance does not meet the Acceptable Quality Level, the County will have the option to apply the following remedies for non-compliance: 1) Suspension of Payment 2) Suspension of Contract 3) Termination of Contract 4) Referral to the Office of the Los Angeles County Treasurer and Tax Collector 5) Placement on the Contractor Alert Reporting Database System (CARDS) 6) Non-Compliance may affect future funding decisions

Specific Performance Reference	Standard	Monitoring Method	Deduction/Fees To Be Assessed and Remedies for Non-Compliance
Ref.: Appendix C (Statement of Work) Sub-Paragraph 10.1.4	Implement the DPHP Program Services in accordance with the Respective Program Model.	MIS, Reports Submitted by Contractor, Inspection, and Observation	1) Suspension of Payment; 2) Suspension of Contract; 3) Termination of Contract;
REF.: Appendix A (Statement of Work) Sub-Paragraph 10.6.7	Contractor's Project Manager or designated staff shall participate in the Area Plan development related to Title IIID Disease Prevention and Health Promotion and meet the projected disease prevention and health promotion units of service.	Observation	4) Referral to the Office of the Los Angeles County Treasurer and Tax Collector; 5) Placement on the Contractor Alert Reporting Database System (CARDS); and/or 6) Non-Compliance may affect future funding decisions
Appendix C (Sample Contract) Paragraph 7.0 (Administration of Contract - Contractor)	Contractor shall notify the County in writing of any change in name or address of the Contractor Project Manager	Inspection and Observation	\$50 per occurrence
Appendix C (Sample Contract) Sub-paragraph 8.38 (Record Retention and Inspection/Audit Settlement)	Contractor to maintain all required documents as specified in Sub-paragraph 8.38	Inspection of files	\$50 per occurrence
Appendix C (Sample Contract) Sub-paragraph 8.40 (Subcontracting)	Contractor shall obtain County's written approval prior to subcontracting any work.	Inspection and Observation	\$100 per occurrence; possible termination for default of contract
Appendix A (Statement of Work) Paragraph 4.1 (Meetings)	Contractor representative to attend all meetings.	Attendance and Meeting Records	\$50 per occurrence
Appendix A (Statement of Work) Paragraph 6.7 (Trainings)	Contractor representative to attend all trainings.	Attendance and Training Records	\$50 per occurrence
Appendix C (Sample Contract) Paragraph 9.24 (Contract Document Deliverables)	Contractor shall obtain and maintain all appropriate licenses, permits, and certificates.	Inspection of files and records	Immediate suspension or termination.
Appendix C (Sample Contract) Paragraph 9.23 (Information Technology Systems and Data Security) - hardware, software, etc.	Contractor shall use the Los Angeles County Management Information System (MIS) to record service delivery and required Client level information. Contractor shall also assign an employee to have the primary responsibility of direct data entry into the MIS and inform County of the name of Contractor's MIS employee and back-up employee.	Inspection and Observation	1) Denial of access to the System; 2) Suspension of payment(s); 3) Immediate suspension or termination of the Contract; and/or
Appendix A (Statement of Work) Sub-Paragraph 6.7.10	Contractor shall ensure that Contractor staff who handle personal, sensitive, or confidential information relating to the Program complete the Security Awareness Training module located at www.aging.ca.gov within 30 days of the start date of the Contract or within 30 days of the start date of any new employees or volunteers who work under the Contract.	Inspection and Observation	4) Other actions which County may take at its sole discretion under the terms of this Contract or applicable law or regulation.

Emergency and Disaster Plan Basic Requirements

A. Emergency and Disaster Plan Mission and Introductory Statement

The mission and introductory statement could be the local Office of Emergency Services (OES) statement, or an expansion of it. The mission and introductory statement should include the following elements:

- How the agency will maintain the continuity of agency services to program recipients during and following disaster and emergency events.
- How the agency will advocate on behalf of older individuals, and their family caregivers within their PSA, to assure that the special needs of older individuals are adequately met, during and following the event.

The agency's mission and introductory statement might also include how the agency will:

- Assist older individuals and their family caregivers, who may have additional needs resulting from a disaster or an emergency event.
- Provide information and assistance to stakeholders on how to be prepared to meet their own needs during and following the event.
- Focus on resuming services as quickly as possible following the event.
- Collaborate with local disaster preparedness partners to coordinate services for older individuals and their family caregivers within their PSA.
- Prepare for a change in both service demands and in the individual needs of clients currently being served by the agency's network.

B. Business Continuity Plan

Develop a Business Continuity Plan (BCP) for your agency to ensure that your mission can be carried out. The BCP should:

- Provide a brief statement describing the plan for service-continuity following a disaster if normal resources are unavailable or demand exceeds capacity.
- List any MOU or vendor agreements that are in place to provide emergency back-up for operations or key resources.
Have a copy of each signed agreement in an appendix to the plan and on a data-storage device, and review and revise the agreements on an annual basis to assure they remain current.
- Include a contingency plan for staff that are absent or unable to complete their assigned duties.
- Include a system to track emergency expenditures, since they may be reimbursable
- Emphasize communications, backup systems for data, emergency service delivery options, community resources, and transportation.

C. Emergency Response Organization Chart

The chart should include the name, title, and contact information of staff involved in disaster and emergency related activities. Outline the relationships and responsibilities for each person responsible for each function:

- Management – who will take charge, delegate responsibilities, and provide overall direction?
- Operations – who will perform the actions required to get people to safety, restore services, and meet needs or help with recovery?
- Planning – who will gather information and communicate assessments about the emergency and related needs?
- Logistics – who will obtain resources that operations may require?
- Finance – who will track expenditures, hours worked, and document events as they occur?

D. Roster of Critical Local Contacts in an Emergency

Include a roster of all contact/agency resources for your Planning and Service Area. The roster should include at least the following:

- Local OES contact information for each county/city within the PSA.
- First responders and law enforcement agencies (Fire, Police, Sheriff).
- Hospitals in the service area.
- American Red Cross and other private relief organizations.
- Community disaster preparedness groups, such as Volunteer Organizations Active in Disasters (VOAD).
- Telephone or communication tree, individuals on the Agency's Disaster Preparedness Organizational Chart, and order of contact priority.
- Media – local news/emergency broadcast radio and television stations.
- Any additional contacts as appropriate for your community (Ministerial Alliance/Council of Churches).
- Citizen-band clubs or HAM radio operators.

Roster of Critical Local Contacts in an Emergency (Sample)

Agency Name: _____ County/City: _____ Roster Date: _____

Agency	Contact Name/Title	Contact Telephone Numbers	Contact Email Address
Example: Local Office of Emergency Services	Joe Cool, Director of Special Needs Populations	Work: Cell: Fax: Home:	jcool@county.gov

E. Communication Plan

The communication plan should include at least the following: first responders, agency staff, service providers, community partners, media, volunteers, clients, local Office of Emergency Services, and the AAA Emergency Coordinator.

Communication Plan (Sample)

(Earthquake scenario used as an example – other scenarios can be substituted)

Who	How	What	When	Where	Why
<i>Who needs to know</i>	<i>How will the message be communicated</i>	<i>What message do you want to convey to them</i>	<i>When do they need to know or what is the date/time for the information</i>	<i>Where are the areas affected, providers affected, geographic area, locations of services</i>	<i>Why do they need this information</i>
Service Providers	Telephone, email, cellular phone	Location of elderly and disabled shelter locations	Dates shelters are expected to be in operation	Address and contact information for shelters	Regular shelters are not available for special needs victims

Site Emergency Resource Survey

Organization Name: _____

Organization Address: _____

Organization Emergency Coordinator Name: _____

Organization Emergency Coordinator Phone Number: _____

After Hours or Cell Phone Number: _____

Organization Emergency Coordinator Email Address: _____

1. Given the need to shelter people (especially older individuals and individuals with disabilities) in the community following a major disaster, could your facility provide temporary shelter space for one (1) or two (2) days?

____ Yes ____ No ____ Maybe (w/training & support)

If different from the address listed above, please attach the address of each facility to this survey.

2. If you answered "Yes," to question number 1, how many people can you accommodate? (Please check your best estimate)

____ 1 to 25 ____ 26 to 50 ____ 51 to 75
____ 76 to 100 ____ 101 or more (please specify: ____)

3. In an emergency or disaster, what resources (or supplemental services) could your organization provide? Check all that apply.

____ Counseling Services	____ Emergency Power/Generator
____ Temporary Housing	____ Emergency First Aid
____ Home/Neighborhood Cleanup	____ Volunteers
____ Site for Food/Water	____ Kitchen/Cooking Facilities
____ Storage Distribution	____ Other (please indicate below):

4. Following a major emergency or disaster, could your facility assist in transporting older individuals and individuals with disabilities to disaster services?

___ Yes (assuming the resources are not in use) ___ No

If you responded "Yes", what transportation resources does your organization have? Check all that apply.

___ Passenger Sedan(s) ___ Vans (Passenger or Cargo)
 ___ Trucks (Including Pickups) ___ Vans with Wheelchair Lifts
 ___ Other (please indicate below):

5. Please indicate the support that your organization could provide with language translation, including sign language, at disaster service centers. List languages (other than English):

6. Given the community that your organization serves, would you be able to help in assessing the needs of older individuals in that community or neighborhood following an emergency or disaster?

___ Yes ___ No ___ Maybe (depending on resources at the time)

Please indicate the names of the areas, neighborhoods, or communities where you would be able to assess the needs of older individuals?

For organizations that provide meal services:

1. Please indicate the type of meal services that your organization provides. Check all that apply.

____ Congregate Meals ____ Home-delivered Meals ____ Emergency Meals

2. Given your resources, could your organization expand meal services following an emergency or disaster to meet the needs in the community?

____ Yes ____ No

If yes, provide the following information for each site that will be able to have expanded meal services:

Site Name: _____

Site Address: _____

Site Number: _____

Site Emergency Coordinator Name: _____

Site Emergency Coordinator After Hours or Cell Phone Number: _____

Site Emergency Coordinator E-mail: _____

After completing this survey, please send an electronic copy to Cynthia Ear, Management Fellow, at cear@css.lacounty.gov or mail it to:

Cynthia Ear
3333 Wilshire Blvd., Suite #400
Los Angeles, CA 90012

**It is the responsibility of the AAA Contractor and Title V Host Agency to contact the AAA Emergency Coordinator or designee if there are any changes to the survey. An updated and completed survey must be provided.*

Appendix B, Exhibit 5

Description of Program Areas

*This document provides examples of each program area and is not an exhaustive listing. Proposer may propose a program not listed on this document as long as it meets the requirements stated in Appendix A (Statement of Work).

Program Area	Program Examples		
	Name	Website	Program Description
<p><u>Chronic Disease Self-Management</u></p> <p>Chronic Disease Self-Management programs promote healthy behavior among older adults with chronic conditions by teaching and enabling participants various behaviors and actions that allow them to live a healthy life. Common chronic conditions include hypertension, arthritis, heart disease, stroke, lung disease, and diabetes.</p>	Chronic Disease Self-Management Program (CDSMP)	http://patienteducation.stanford.edu/programs/cdsmp.html	Chronic disease self-management program that enables participants to build self-confidence to take part in maintaining their health and managing their chronic condition. The program is provided in 2.5 hour sessions once a week for six weeks to older adults with various chronic health problems. Workshops are facilitated by two trained leaders, one or both of whom are non-health professionals who have chronic diseases themselves.
	Tomando Control de su Salud (Spanish Chronic Disease Self-Management Program)	http://patienteducation.stanford.edu/programs_spanish/tomando.html	Culturally appropriate chronic disease self-management program provided in 2.5 hour sessions once a week for six weeks to Spanish-speaking people with different chronic health problems. Workshops are facilitated by two trained, certified and active leaders, one or both of whom are non-health professionals with a chronic disease themselves. All workshops are given in Spanish without translators. Participants do not need to read Spanish.

Appendix B, Exhibit 5

Description of Program Areas

*This document provides examples of each program area and is not an exhaustive listing. Proposer may propose a program not listed on this document as long as it meets the requirements stated in Appendix A (Statement of Work).

Program Area	Program Examples		
	Name	Website	Program Description
Chronic Disease Self-Management Chronic Disease Self-Management programs promote healthy behavior among older adults with chronic conditions by teaching and enabling participants various behaviors and actions that allow them to live a healthy life. Common chronic conditions include hypertension, arthritis, heart disease, stroke, lung disease, and diabetes.	Diabetes Self-Management Program (DSMP)	http://patienteducation.stanford.edu/programs/diabeteseng.html	Provided in 2.5 hour sessions once a week for six weeks in community settings. People with type 2 diabetes attend the workshops in groups of 12-16. Workshops are facilitated from a detailed manual by two trained leaders.

Appendix B, Exhibit 5

Description of Program Areas

*This document provides examples of each program area and is not an exhaustive listing. Proposer may propose a program not listed on this document as long as it meets the requirements stated in Appendix A (Statement of Work).

Program Area	Program Examples		
	Name	Website	Program Description
<u>Fall Prevention</u> Fall Prevention programs reduce fall risk and fear of falling for participants by improving falls self-management and falls self-efficacy.	Matter of Balance (MOB)	www.mainehealth.org/mob	Provided in eight 2 hour sessions for eight to twelve group participants, emphasizing practical coping strategies to reduce fear of falling and teaches fall prevention strategies. Workshops are provided by two lay leaders.
	Stepping On	http://www.ncoa.org/improve-health/center-for-healthy-aging/stepping-on.html	Provided in 2 hour sessions, once a week for seven weeks to a group of eight to twelve older adults, offering strategies and exercises to reduce falls and increase self-confidence in making decisions and behavioral change in situations where older adults are at risk of falling. Workshops are led by a trained professional and by a lay leader.
<u>Medication Management</u> Medication Management programs address medication-related problems and errors that endanger the lives and well-being of older adults.	HomeMeds	www.homemeds.org	Provided through individualized in-home screening and assessment. Computerized screening and pharmacist review identify medication-related problems for older adults living at home. Care managers are working in partnership with client, physician, and pharmacist.

Appendix B, Exhibit 5

Description of Program Areas

*This document provides examples of each program area and is not an exhaustive listing. Proposer may propose a program not listed on this document as long as it meets the requirements stated in Appendix A (Statement of Work).

Program Area	Program Examples		
	Name	Website	Program Description
<u>Mental Health</u> Mental Health programs aim to improve the psychological and emotional well-being of older adults. Such programs may reduce symptoms of anxiety, depression, and/or post-traumatic stress disorder.	Healthy IDEAS (Identifying Depression, Empowering Activities for Seniors)	www.careforelders.org/healthideas	Reduces the severity of depressive symptoms for participants through a 3-6 month period, which includes a minimum of 3 in-home visits and 5 telephone contacts. Provided by a case manager or other social service provider in the client's home or other private location.
	PEARLS (Program to Encourage Active, Rewarding Lives for Seniors)	www.pearlsprogram.org	Reduce symptoms of depression and improve health-related quality of life for older adults who have minor depression or dysthymia and are receiving home-based social services from community services agencies. Provided through eight 50-minute sessions over nineteen weeks by a trained social service worker in the clients home.

Appendix B, Exhibit 5

Description of Program Areas

*This document provides examples of each program area and is not an exhaustive listing. Proposer may propose a program not listed on this document as long as it meets the requirements stated in Appendix A (Statement of Work).

Program Area	Program Examples		
	Name	Website	Program Description
<u>Physical Fitness</u> Physical Fitness programs improve the overall functional fitness and well-being of older adults through physical activities and exercise.	Healthy Moves for Aging Well	https://www.ncoa.org/resources/program-summary-healthy-moves-for-aging-well/	Provided in-home for frail older adults who are receiving services in the home. The program utilizes care managers to teach the program's exercises at their regularly scheduled visits. Participants are encouraged by their care managers and motivational volunteer phone coaches to perform the exercises (movement repetitions) 3-5 days per week, multiple times per day.
	EnhanceFitness	www.projectenhance.org/EnhanceFitness.aspx	Group physical activity is provided in 1 hour sessions, three times a week by a certified fitness instructor. Focused on stretching and flexibility, low impact aerobics, strength training, and balance.

**APPENDIX B
EXHIBIT 6**

County Recognized Holidays

New Year's Day ----- January 1
Martin Luther King Jr.'s Birthday----- The third Monday in January
Presidents' Day ----- The third Monday in February
Memorial Day----- The last Monday in May
Independence Day----- July 4
Labor Day----- The first Monday in September
Columbus Day----- The second Monday in October
Veterans Day----- November 11
Thanksgiving Day----- The fourth Thursday in November
Friday after Thanksgiving----- The fourth Friday in November
Christmas----- December 25

*If January 1st, July 4th, November 11th, December 25th falls upon a Saturday, the preceding Friday is a holiday.

*If January 1st, July 4th, November 11th or December 25th falls upon a Sunday, the following Monday is a holiday.

(Ord. 96-0003 § 2, 1996.)